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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/27/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy x 6 sessions for the right shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

PM&R and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Utilization review determination dated 06/13/12, 07/09/12
Patient re-evaluation dated 06/07/12, 10/27/11, 04/20/11, 05/26/11, 03/07/11
Office visit note dated 09/08/11, 08/25/11, 07/28/11, 06/30/11, 05/26/11, 05/02/11, 03/28/11, 01/13/11, 12/16/10, 07/02/10, 01/21/10, 09/25/09, 03/05/09, 04/17/07, 01/16/07, 11/16/06, 10/12/06, 08/17/06, 05/16/06, 05/17/07, 09/06/07, 03/05/12, 10/27/11, 09/15/09, 01/09/09, 01/29/10, 01/08/10, 12/11/07, 03/04/08
RME dated 03/26/09, 11/28/11
IME dated 01/19/12
Initial interview dated 03/04/08
Operative note dated 03/08/07
Right shoulder arthrogram dated 08/28/09
EMG/NCV dated 04/20/09
MRI right shoulder dated 05/01/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is male whose date of injury is xx/xx/xx. On this date the patient was standing on a flat bed trailer when he fell through a hole in the trailer and his right shoulder hit the side of

the hole as he fell through it, and then he landed on his right shoulder. Treatment to date includes x-rays, MRIs, physical therapy, pain injections, shoulder surgery x 2 (02/06/06 and 10/17/07) and medication management. RME dated 03/26/09 indicates that the patient could return to work at sedentary duty. IME dated 01/19/12 indicates that the patient does not need further diagnostic tests such as injections, physical therapy, DME, functional capacity evaluation or chiropractic work. The patient would benefit from a home exercise program. Patient re-evaluation dated 06/07/12 indicates that the patient was seen by Dr. and was told that he will need an extensive surgery which still may not completely correct the problem. He states that recently he had a flare-up and aggravation of his pain when sweeping the floor. He has stopped all his exercises. On physical examination palpation of the right shoulder noted moderate pain in the superior anterior portion of the right shoulder. There is increased spasm noted in the right shoulder deltoid with max range of motion at 110 degrees abduction of the right shoulder. Apley scratch test was positive for restrictive range of motion during flexion and abduction of the right shoulder. Supraspinatus testing noted weakness and increased pain in the right shoulder as compared to the left side. The patient was subsequently recommended to undergo 6 sessions of physical therapy.

Initial request for physical therapy x 6 sessions was non-certified on 06/13/12 noting that for the described medical situation, the Official Disability Guidelines would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual is this far removed from the onset of symptoms and when an individual has received the amount of therapy services previously provided. The denial was upheld on appeal dated 07/09/12 noting that the patient has received extensive postoperative physical therapy and has demonstrated compliance with a self-directed home exercise program. There are no red flags or compelling rationale to substantiate medical necessity of additional supervised therapy at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for physical therapy x 6 sessions for the right shoulder is not recommended as medically necessary, and the two previous denials are upheld. The patient has undergone two surgeries to the right shoulder, most recently in October 2007, and the submitted records indicate that the patient has completed at least 65 sessions of supervised physical therapy. Given the extensive therapy completed to date and the patient's documented compliance with a structured home exercise program, medical necessity is not established for additional formal therapy. There are no specific, time-limited treatment goals provided. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as the guideline recommend.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES